

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE MEETING

August 9, 2016
10:02 a.m.

Taken at:

Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 120
Anchorage, Alaska

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Jerome Selby
Laraine Derr
Larry Norene
Paula Easley
Russ Webb

Trust staff present:

Jeff Jessee
Steve Williams
Kevin Buckland
Miri Smith-Coolidge
Amanda Lofgren
Heidi Wailand
Carley Lawrence
Luke Lind
Michael Baldwin
Carrie Predeger
Katie Baldwin-Johnson
Valette Keller

Others participating:

Kathy Craft; Theresa Holt; Duane Mayes; Sandra Heffern; Monique Martin; Jordan Shilling;
Judge Stephanie Rhoades; Patrick Reinhart; Denise Daniello (via telephone); Kate Burkhart (via
telephone).

PROCEEDINGS

CHAIR MICHAEL calls the meeting to order and begins with a roll call. She states that Trustee Carlton Smith is absent today, but will be here tomorrow and the next day. She asks for any announcements. She states congratulations to Kathy Craft on being the recipient of the Workforce Advocacy Award. She continues that this award was presented to her jointly by the Annapolis Coalition on the Behavioral Health Workforce and the Mental Health Program of the Western Interstate Commission for Higher Education. The honor recognizes her as one of the foremost leaders of workforce development in health and social services in the United States. She asks for any other announcements or comments. There being none, she moves to the agenda and asks for any additions.

TRUSTEE WEBB makes a motion to approve the agenda.

TRUSTEE NORENE seconds.

CHAIR MICHAEL thanks both and moves to approval of the minutes for the June 15, 2016, meeting.

TRUSTEE DERR makes a motion to approve the minutes of the June 15, 2016, meeting.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL asks for the CEO update.

MR. JESSEE states that Amanda Lofgren went to the Planning and Zoning Commission meeting in Anchorage where a conditional use permit for Hope Community Resources was approved. He continues that it is for a five-bed assisted living home for people with Alzheimer's disease and related dementia who have had repeated or long-term commitments to API. He adds that this is a group that staff has struggled to come up with a way to support them in the community. He states that this effort started in November, 2014, and Hope, the Alzheimer's Resource of Alaska, Anchorage Community Mental Health, Division of Behavioral Health, the Long-Term Care Ombudsman and the Trust are involved. He continues that it has to go to the Assembly for final approval; but getting the conditional use permit is a huge step. He states that the API privatization feasibility study has been awarded to PCG, which is a very experienced firm. This particular firm has a lot of expertise and has done a number of privatization studies in the past. He continues that he went out to visit the Point MacKenzie Farm at Representative Neuman's invitation. He explains that the farm used to have about 130 inmates there. When Goose Creek opened, the inmates and correctional officers were stripped to fill up Goose Creek, and the farm has been operating at a bare-bones level. He adds that now that the Palmer Correctional Center is closing, the plan is to ramp the prison farm back up. Representative Neuman is very interested, in terms of being a budget help, they have the capacity to produce amazing quantities of produce, hogs and cattle. Plus, he is interested in talking about it as a potential therapeutic opportunity for people with substance disorders, sort of like Nugen's Ranch, only on a prison

level. He continues that the interest in accepting his invitation, because as he understands it, Commissioner Williams at DOC has committed ten beds at the farm to a relatively new community provider in the Valley to do detox. He adds that Elizabeth Ripley was also on the tour, and there is a struggle in understanding how a medical detox can be done by Goose Creek; and we will be talking to the Commissioner about that. He moves to the RFP timeline for the \$6 million of the Neuman substance use disorder money, and they are looking at November-December before that gets out. He states that the Opioid Summit was held at the Mat-Su Community College, organized by Senator Sullivan, and it was quite the event. He continues that the Senator was able to get some high-level federal officials there to hear from Alaskans what is needed from them to support dealing with that crisis. He adds that the Surgeon General, the second in command of the Federal Department of Health and Human Services, some high-level leadership of the VA were there, and there were also over 450 people in attendance. He gives kudos to Kate Burkhart who has been staffing the Opioid Task Force and put together a list of things that the Feds need to do, which he explains. He moves on and states that the Trust Land Office legal contract has been issued, and now there is a contractor on board. He explains in greater detail. He continues that this afternoon from 4:00 to 6:00 p.m. there is an open house at the Neighborhood Health Center. There will be presentations on the plan in terms of overall service delivery and a special session on behavioral health. He asks for any questions, and concludes his report.

CHAIR MICHAEL states that next on the agenda is the Criminal Justice Reform update and welcomes Jordon Shilling from Senator Coghill's office. She also recognizes Judge Rhoades, who will present on the behavioral work group.

MR. JESSEE introduces Jordan Shilling and states that he is a very accomplished legislative staffer and has worked with the senator on this issue for a number of years. He continues that Mr. Shilling was instrumental in coordinating the work from the Pew reinvestment effort and was a great partner with the Criminal Justice Commissioner. He spent innumerable hours negotiating over the more controversial parts of the bill and provided a lot of information to people.

MR. SHILLING thanks all for the invite and states that it is nice to be able to explain the bill in detail to people that care about it. He states that the omnibus criminal justice bill, Senate Bill 91, is a big accomplishment and had a lot of people involved. He adds that Jeff Jessee and Judge Rhoades also put a lot of work into the bill and helped get it passed. He continues that upon passage of the bill, Alaska became the 31st Justice Reinvestment State. The technical definition is that it is a data-driven approach to improve public safety by examining all criminal justice spending, how it is allocated, and try to do so in a more efficient, cost-effective manner. Then, taking those savings and reinvesting in things that actually work. He clarifies that it is about spending less money on things that do not work, and explains in more detail, adding that it is a very outcome-focused way of thinking about criminal justice spending. He continues with the history, starting with the creation of Senate Bill 64, which did a lot of things but was not as big as Senate Bill 91. He adds that the most important thing it did was it established the Alaska Criminal Justice Commission; a 13-member commission of experts. He summarizes some of the data that the Commission looked at with the help of the Pew Charitable Trust. He talks about the results of the pretrial data in greater detail, and then moves into some of the research that was

done. He states that the Commission ultimately recommended 21 policies; all of them entered the bill upon introduction, but not all survived the legislative process. He goes through the policies. He continues that because of Senate Bill 91, release decisions will now be made based on a defendant's risk to public safety, and he explains its importance. He goes through and states that all the policies have little exceptions and nuances. He continues that Alaska is the first state to have the threshold linked to the CPI, to inflation, and automatically adjusts every five years. He explains and states that any bill of this size will require careful implementation and tracking the key performance measures. Senate Bill 91 is projected to produce significant savings by averting the construction of a new prison or getting another contract out of state, and reduces the current prison population by about 13 percent over the next decade. He adds that the policy package largely resembles what the Commission recommended. He states that this is reinvestment, explaining more fully, and concludes his presentation.

CHAIR MICHAEL asks for any questions.

TRUSTEE EASLEY asks what decisions are made as far as whether a person is incarcerated outside or in Alaska, and what are the implications for shortening their sentences and reducing their opportunities for recidivism.

MR. SHILLING replies that he does not know how the Department of Corrections or the Governor at any given time decide whether to pursue having inmates out of state or not. He states that there are only about 12 inmates out of state. He continues that he has heard that the recidivism rate was higher when incarcerating individuals out of state. He adds that he has not seen any concrete data on that, though.

CHAIR MICHAEL recognizes Steve Williams.

MR. WILLIAMS states that the Hornby Zeller study stated that for Trust beneficiaries who are not sentenced and sentenced, the amount of time spent on beneficiaries is twice the amount of time as nonTrust beneficiaries. He continues that for the beneficiary population there is a significant impact on individuals being sentenced longer and staying in pretrial longer in a DOC facility or CRC.

MR. SHILLING states that that is a great point and continues that they are disproportionately represented and thinks it means that Senate Bill 91 will disproportionately benefit Trust beneficiaries.

TRUSTEE EASLEY states that the introduction mentioned that this would decrease crime. There is a lot of opinion out there that this will actually increase crime. She asks for some comment on that.

MR. SHILLING replies that it has worked in other states, and if this is looked at over an extended period of time rather than over a one- or two- month period, there should be statistically significant data. He continues that the standard in criminal justice research is three years; and three years is what the Department of Corrections uses to determine the recidivism rate.

CHAIR MICHAEL recognizes Trustee Webb.

TRUSTEE WEBB comments that this whole reform has moved away from the demagogic punishment model where everything was based on ramping up punishment, and is moving towards a science-based approach. He states that there have been proven practices that punishment is only moderately effective in actually changing human behavior. He continues the need to apply incentives and intervene quickly and appropriately. He adds that it is a huge reform, and congratulates all who participated in the effort.

CHAIR MICHAEL asks for anymore questions. There being none, she thanks Mr. Shilling, especially for the dedication to the passage of Senate Bill 91. She recognizes Jeff Jessee.

MR. JESSEE introduces Judge Stephanie Rhoades and states that she is clearly the Alaska pioneer of Mental Health Courts and started the movement in the state, which the Trust has supported along the way and replicated in other communities based on the success. He continues that it is an incredibly powerful experience to see what is possible in the criminal justice system to turn people's lives around. He adds that he and Judge Rhoades are co-commissioners on the Criminal Justice Commission and are co-chairing the Behavioral Health Work Group for the Commission.

JUDGE RHOADES invites anyone who would like to see a Mental Health Court session and a tour with her personally on any Tuesday or Wednesday. She thanks Mr. Shilling for his presentation on the Criminal Justice Commission. She states that the Commission was supposed to be a three-year Commission and then sunset. The first two years were spent examining the state's criminal laws, sentences, and practices, as well as assessing the adequacy, availability, and effectiveness of treatment and rehabilitation programs and alternatives to incarceration. The Commission was put together with 13 members to report recommendations annually and to base the recommendations on perspectives gained from stakeholders, scholars, the public and, whenever possible, data, empirical evidence, and the experiences of other states. She continues that it is a huge reform that is going to require a lot of adjustment in the criminal justice system and, more importantly, by the behavioral health system. She adds that there were other mandates, one being looking at the adequacy of availability and effectiveness of treatment and rehabilitative programs and alternatives to incarceration. In the year that remained, the Commission decided to create a bunch of work groups to finish off its duties and allotted a two-month intensive period to assess the adequacy and availability and effectiveness of treatment in rehabilitation programs and alternative to incarceration and the UNLV report. She states that the Behavioral Health Work Group was created of many stakeholders which decided to do a nationally recognized assessment and planning model called the Sequential Intercept Mapping Model. She continues that this would do a soup-to-nuts assessment of the criminal justice interception points where behavioral health collaborations could be made that might reduce the number of Trust beneficiaries from entering or penetrating deeper into the criminal justice system. She adds that the plan is to recommend that there be a standing Behavioral Health Work Group of the Criminal Justice Commission and, in fact, all have reupped until 2022. As a result, this gives all the opportunity to think about how a behavioral health informant stakeholder work group would be beneficial to criminal justice reform implementation, as well as to much of what

is going to happen with Medicaid redesign and expansion. She continues that it is important for the Trust to be really involved in what is going on with all of this. She adds the need for some behavioral health input into how criminal justice reform is going to occur, because for each of these areas of justice reinvestment, the mirror image of how they are going to work is behavioral health interventions and collaborations. She moves on and states that the statutory things that are going to be advanced are going to be primarily the smaller issues. She goes through this in greater detail. She states that jail diversion is important as a recommendation out of this Behavioral Health Work Group, and that this pretrial services supervision program should include a place where people with serious mental illness can be identified and then can be diverted on bail into programming. Then prosecutors would give them credit for that by agreeing to dismiss. She states that as Medicaid redesign and expansion occurs, there should be some important input into, not what Medicaid can pay for, but what the needs of these folks are that Medicaid can pay for.

MR. JESSEE agrees that it is critical that it was not only to get Senate Bill 91 passed, but to get Senate Bill 74 passed, which is the Medicaid Reform Bill, because they have to work together in order to achieve the goals that all are after. He goes through and explains some examples in greater detail. He asks Judge Rhoades for any final closing comments.

JUDGE RHOADES states that the Planning Committee needs to decide how to handle this strategically through the University of Las Vegas Nevada report. The issues about forensic evaluations are only getting worse. She continues, that report had to do with people who were evaluated for competence for legal proceedings and people who are committed for restoration and competency. API has less forensic capability than it ever had, and it is taking longer and longer for people to get assessed.

CHAIR MICHAEL thanks Judge Rhoades, and asks for any other comments.

TRUSTEE WEBB asks to be refreshed on what the UNLV report was about; why it was done; how long ago it was done; and what it says.

JUDGE RHOADES states that this report considers the issue of forensic examinations for competency for legal proceedings. She explains that if someone is charged with a crime, that person has to be legally competent for the case to go forward and cannot be processed through the justice system unless he is mentally competent. She continues explaining in greater detail.

CHAIR MICHAEL asks for any other questions.

TRUSTEE EASLEY asks about the need for 40 parole officers.

JUDGE RHOADES replies that this pretrial services and supervision money is basically to establish a pretrial services unit which will be run by probation officers in the Department of Corrections. She states that about 48 of them will be hired to run this section.

CHAIR MICHAEL states that is was a wonderful presentation and calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order, and recognizes Amanda Lofgren with an update on Medicaid reform.

MS. LOFGREN states that she and Duane Mayes will co-present on the home- and-community-services reform. She continues that first Monique Martin will give an update on the larger Medicaid reform initiatives.

MS. MARTIN states that she is a health care policy advisor in the office of the Commissioner at the Department of Health and Social Services. She continues that the Department took the larger components of Senate Bill 74 and turned them into 16 work groups that are going to get the job of reform done. She goes through some of the highlights and states that there are three privatization studies called out in SB74; and a couple of those contracts have been awarded. A contract for the feasibility of privatizing services at API was awarded to PCG, Public Consulting Group. Carter Vogel & Associates was awarded a contract to conduct the privatization of select DJJ, juvenile justice facilities. There was also an RFP out for privatizing pharmacy services at Pioneer Homes. There was one respondent, and that reply was deemed nonresponsive. She adds that the proposal evaluation committee will be meeting to see if there are any respondents that meet the requirements for that one. She continues that the other big one that is out is the health care authority feasibility study which is looking at the purchasing power of all the health plans the State of Alaska buys. She adds, that RFP has closed and the evaluation of those proposals received at this point are being evaluated. A recent award was made to Agnew:Beck to continue the process of stakeholder engagement, with funding received from the Trust. Part of that includes two work groups called out in SB74, one for telehealth, and the other for quality and cost effectiveness. There will be a separate process for the health information infrastructure plan and a separate contract awarded for that because it is much bigger to look at how to implement the health infrastructure needs for Medicaid and Medicaid reform. She states that they have an opportunity for some technical assistance through a program called State Health and Value Strategies, which the Trust may be interested in. It is a program funded by the Robert Wood Johnson Foundation and they help states fund technical assistance that might be needed for a variety of issues. It's sort of pretechnical assistance technical assistance. There is a hope to be able to secure a contractor to help with the RFP process for the coordinated care demonstration project, which has to be out by December 31 of this year. She continues that it is an opportunity for Alaska allowing different providers or insurance companies to come in and make proposals about the innovative payment model or what type of health care delivery may be looked at for folks they serve. The National Governors Association has funded work with Health Care Services to look at super utilizers; folks who maybe overutilizing or incorrectly utilizing emergency room services. She states that this has been focused on case management; helping get connected to primary-care doctors or specialists; helping them manage their care or symptoms. She continues that this has been very successful at the Department, and we are really moving towards housing supports. She adds that the National Governors Association is coming to town in two weeks to do two days' worth of training with staff from the Department. She moves on, stating that the Medicaid expansion dashboard was just updated and has topped the 20,000 mark; 20,371 Alaskans have been determined eligible for Medicaid under expansion.

She adds that there will be more to come on Medicaid expansion at the end of the month as that one-year anniversary comes up.

CHAIR MICHAEL asks for any questions for Ms. Martin, and recognizes Trustee Webb.

TRUSTEE WEBB asks about the work group linked to SB 91/SB 74.

MS. MARTIN replies that Diane Casto is the lead for the SB 74/SB 91. She states that she will have her get back to the Trust with an update or send some information to share.

MR. WILLIAMS states that Diane is the point person from the Department on this integration of SB 91 and SB 74. In that group are Alysa Wooden from the Department; Randall from the Department; Morgan Jacob and Adam Rutherford from the Department of Corrections; Laura Brooks; Amanda Lofgren; Katie Baldwin-Johnson; and himself. He adds that they have met once, and Diane is putting together a timeline with milestones that this work group will be focused on.

CHAIR MICHAEL asks for any other questions for Ms. Martin.

MS. LOFGREN lays a bit of groundwork on what home and community services are; long-term services and supports. She explains this more fully, stating that there is a full array of services that start with grant programs, going through each, stating that there is a continuum of services just within the grant-funded home- and community-based services. She states that there are four 1915 (c) waivers in existence. The reason they are called waivers is that services that would be received in the institution are waived so that the same services and supports can be received in the community. She explains this because there will be different 1915s, and it will get confusing. Pioneer Homes are also on the continuum and fulfill a niche in the home- and community-based service array that really targets individuals with Alzheimer's disease and the seniors. It is also important to remember that there are a lot of private pays. She adds that there are over 13,000 individuals that are dually eligible through Medicare and Medicaid. It is really complex in terms of how those funding sources go together.

MR. MAYES states that he is Duane Mayes and is the director for the Division of Senior and Disability Services. He continues that in the continuum of care the most expensive care would be hospital, nursing home and hospice, and depending on the region in the state, could be as much as \$400,000 per year for an individual. He adds that grant services are at the lower end of care and are working hard to keep them in their communities. He states that over the years many presentations have been given to the Legislature to talk about the value and the importance of home- and community-based services because of cost. He adds that it is much more dignified to be able to stay in your home and community.

MS. LOFGREN states that when this project started the intention was to look comprehensively at all of the beneficiaries receiving community-based services. That included traumatic brain injury, serious mental illness, Alzheimer's disease, related dementia, and intellectual developmental disabilities. She continues that at the same time contractors were hired to look at the 1915(i) and (k), which was the same time the Department launched the larger reform effort

which then resulted in the behavioral health access initiative; which is an incredible opportunity to reform the system.

MR. MAYES states that within Senate Bill 74 in terms of home- and community-based services is a directive to move forward and explore the options of 1915 (i) and 1915 (k), which are options that exist within the Social Security Act. He continues that the 1915 (k) would give a higher federal match, 6 percent. This could stretch the dollars and do more to serve the vulnerable growing population of seniors. He adds that, currently, through the 1915 (c) waiver the match is 50/50; 50% of that being federal dollars. He states that the 1915 (i) option has a different eligibility requirement and is less than institutional level of care. The thought is to look at some of the grant programs that are funded through General Fund dollars and use the 1915 (i) option to refinance that, reduce the grant component given the fiscal crisis, but then increase it through the use of the 1915 (i) option. He continues that a contract was signed with Health Management Associates, and a lot of input was gathered to get an idea from the community of what was wanted. The people are concerned that because the 1915 (i) and (k) option is being explored that the (c) waiver is going to go away. They are also concerned about the requirement to be conflict free with care coordination; the capacity to serve the seniors; the challenges in serving the complex cases; workforce capacity. He adds that the Consumer Assessment Tool is also hated, which is a federal requirement. He moves to what they recommended and begins with technology as a way to save costs. Based on the feedback received from the communities, a new assessment tool will move toward implementation; ramped-up training of providers. He moves to the contract with HMA, and states that there were 11 deliverables in the contract that had to be back by July 31. He continues to their recommendations: Specific to the (k) option, the Department, as in Senior and Disability Services, should move forward with implementing the 1915 (k) option to include personal care attendant services. He states that program supports seniors and people with physical challenges, activities of daily living, self-care, upkeep within their home. He continues that the intent is to control the system; not grow it. The (i) option, which is less than institutional level of care, can only target the populations. He states that within the contract with HMA there are four populations: those with Alzheimer's disease and related dementia; traumatic brain injury; individuals with developmental disabilities; and those with severe mental illness, SMI. He adds that those are the four that were worked on with the communities, internally and with the contractor. For individuals with developmental disabilities there is a community developmental disability grant component, which he explains in detail. He states that, though all the work done, it was decided to consider moving forward with what is referred to as the 1915 (c) mini waiver. He continues that this mini (c) waiver could address those individuals that are currently being served through the community and developmental disability grant component and would then be a stepping stone to the official waiver. He adds that this was run by the Council; the idea was liked and will be further explored. He states that it is more realistic to use that option in terms of serving people and maintaining controls.

MS. LOFGREN states that it is important when looking at the intellectual and developmental disabilities services for individuals who are at or below nursing facility level of care or institutional level of care would be served under the proposed (i), but the mechanism of an (i) is not appropriate, because the (c) is actually institutional level of care.

MR. MAYES states that a lot of time was spent on the ADRD population, Alzheimer's disease and related dementia. The recommendation from the contractor is not to move forward with the 1915 (i) option for the ADRD population. He continues that a dialogue was started about some of the other options and came up with the companion services concepts. He explains in greater detail. He states that we were not comfortable with the work the contractor did on the piece and believe they did not do enough to really look at the data. He continues that the idea is to go back, revisit and recalibrate to see if they want to move forward with the (i) option.

MS. LOFGREN states that the dementia care initiative was one that came out of the Medicaid reform and redesign contract and, at that time, the decision was made to pull it out of the larger Medicaid reform and incorporate it into the 1915 (i) and (k) project because there were more similarities than not. She thinks that a disservice was done by disconnecting home- and community-based services, long-term services and supports from the larger effort by doing that. She adds that there is more work to do there.

MR. MAYES states that the third targeted population was traumatic brain injury and a lot of time was spent working closely with the Alaska Brain Injury Network. He continues that a work group with them was formed, a subset of the Inclusive Community Choices Council, with meetings regularly. The end result is to not move forward with the (i) option specific for this population and look to implementing through a Medicaid state plan option targeted case management and begin to develop a base to have something to work with. He states that a plan was set up with ABIN, and they have purchased a software package to better track data. Some of the staff within the research and analysis unit have attended that training to provide technical assistance to ABIN going forward. He continues that he and Liz Donnelly, ABIN executive director, will sit down with Dr. Butler with Public Health and begin the process of looking at the existing registry to track those with traumatic brain injury, with targeted case management. This could be a vehicle going forward.

MS. LOFGREN states that it is important to be more comprehensive in how data is observed. One of the recommendations that was proposed was to look at the 1703 health homes that are part of the larger Medicaid redesign and reform. She continues that health homes are intended to create more of a patient's medical home through the behavioral health system. The individuals have to have multiple disabilities with one of them being a primary behavioral health condition. She adds that this will continue being explored.

MR. MAYES states that the last one is the SMI population. The recommendation is that the Division not move forward with the 1915 (i) option for individuals with SMI. The Division of Behavioral Health should incorporate all of the SMI population, including those served under the SDS general relief program, into the existing effort to redesign the behavioral health system through the 1115 demonstration waiver.

MS. LOFGREN adds that a conflict-free case management is run and with having the 1915 (i) for just a segment of the individuals receiving services within the behavioral health system really complicates things from the beneficiary perspective, as well as the provider capacity because it has to have that conflict-free case management. She states that there are a lot of components where individuals have to have access to supports in the community, and group services are

really scrutinized with home- and community-based services. She continues that the Department cannot move forward with getting an approval from CMS unless they can provide assurances that all of those are in place. She adds that the other piece to be aware of is the dual diagnosis with intellectual and developmental disabilities and behavioral health.

MR. MAYES moves to the next steps and states that the report will be finalized either this week or next week because it is a back-and-forth interaction with HMA on the drafts. He thinks that reconvening the dementia care initiative stakeholder group to have a discussion about the companion service concept idea is doable, and then finalizing implementation and the timeline for the assessment tool. He continues that a couple of hours putting together the implementation plan with the technical assistance contractor, moving forward with building or putting the new assessment tool into the system. He states that the assessment tool that they are looking at is the InterRAI, which is used in 16 other states and supported by the Council.

MS. LOFGREN states that this is really important because the assessment tool allows having the data capabilities that are not currently there to better serve beneficiaries and also track the outcomes. She continues that the current assessment tool is not liked and does not have the abilities to do the resource allocation. She adds that the big win out of this project is the ability to come out of it moving forward with a new assessment tool that will give more capability for the system to move forward.

MR. MAYES states that Amanda Lofgren is very well entrenched within SDS, is very engaged and very involved in the multiple meetings, committees, and work groups internally. She provides a lot of sound input. He also thanks the Trust for all the help. He moves to the external stakeholder work groups and the reductions needed for FY17. He states that the priority identified through this collective discussion is that technology will be a way to realize that \$26 million in reductions. He continues, explaining as he goes along.

MS. LOFGREN asks if there are any other specific questions about conflict-free case management.

CHAIR MICHAEL states that a lot of territory was covered and asks for any questions.

TRUSTEE SELBY asks when the mini (c) option is done, if the amount of funding that will be available for the Alaskan communities for their current developmental disability programs will be level funding, or significantly less.

MR. MAYES replies that what they want to do is use the (i) option to refinance the grant component, have all of the individuals being served through the (i) option, because the requirement is not that you meet the individual's level of care for the (c) waiver. He continues that half of that will be covered through federal dollars, and the other half would be covered by state dollars. The belief is to serve the number of people that have been served, and more if option (i) is used. He explains this in greater detail.

TRUSTEE SELBY asks if this is speculating that this will be maintained close to the 11 or 12 million.

MR. MAYES replies that the belief is there would be much better controls around that.

TRUSTEE SELBY asks what the funding for the senior centers across the state looks like for being able to continue those programs that they have in place right now for that group of people.

MR. MAYES replies that there are 13 adult day centers throughout the state and about 114 individuals have been identified that could meet the eligibility for the (i) option and fund their services within the adult day center. He states that the ability to control that was not doable, and we are looking at other options such as the companion services model which will be explored further.

CHAIR MICHAEL asks for any other questions.

TRUSTEE WEBB understands the potential for future folks who are waiver-eligible once they come off the waiting list, and asks what it looks like for those people who are not waiver-qualified.

MR. MAYES replies that there are 500-plus individuals currently on the registry, the waitlist. Generally, most of those will meet eligibility for the IDD waiver and in time would be drawn. He explains more fully and states that all grants were eliminated.

MS. LOFGREN states that there is funding to serve a smaller number of individuals that do not meet the criteria.

TRUSTEE WEBB asks if there will be reductions in services for those folks currently receiving grant-funded services.

MR. MAYES replies that there will be a reduction in grant dollars, but grants will not be eliminated.

MS. LOFGREN states that the challenge is not knowing exactly what the service package will look like and explains further.

CHAIR MICHAEL asks for any further questions. There being none, she thanks Mr. Mayes and Ms. Lofgren and she adjourns for lunch.

(Lunch break.)

CHAIR MICHAEL calls the meeting to order and moves to the FY18-'19 budget overview.

MR. JESSEE begins with an overview of the development of the '18-'19 budget recommendations and the process that was used, explaining as he goes along. He asks Katie Baldwin to continue.

MS. BALDWIN explains the graphic that was used with the stakeholder process to help frame the discussions over the two days. She states that the objective of the first day was to use the Medicaid reform and criminal justice lens to proceed in engaging in conversations around how the reforms specifically are going to impact Trust beneficiaries, what the opportunities and risks are needed to be anticipated, and plan for that to ensure that the reforms are successful.

MS. LOFGREN adds that the first day two different groups discussed Medicaid reform, and although there were some differences, there was a significant alignment between each; and they came up with some consistencies and commonalities to make sure there is alignment with Medicaid reform that will increase access to a full continuum of care that is integrative, improves and increases health outcomes, brings parity to behavioral health and supports to beneficiaries to remain in the community. In addition, Medicaid reform will allow increased efficiencies for beneficiaries and providers serving them both in urban and rural areas. She continues that there were numerous opportunities that came throughout the discussions, and housing was a significant conversation. It was recognized that it is a critical component to ensuring health outcomes and to achieve the improved health and be engaged in the community. She states that payment reform and an opportunity to improve information systems and the ability to utilize data to track health outcomes and access information were also main themes discussed. She adds the importance of integrating health, both physical and behavioral health, and long-term services and supports. She moves on, stating that the group then discussed the risks and went back to the housing theme. She continues that the housing market looks very different in each community, and it is a challenge when housing is fundamental to stability and health outcomes. If there is no access to housing, that can have an impact and increase the risk of institutionalization. Currently, each community or region does not have the full continuum of services, and it is important to ensure that there is infrastructure and capacity in moving forward with the reforms. Another key risk identified is that there is so much change happening on all levels, and it is important that beneficiaries and their families understand the change and how to access services and supports. She adds that the providers and organizations understand change is important and has impact, and they are making sure they have the ability to adapt to the new care models and training the workforce to shift to meet the needs of all of the reform efforts. She moves on to key themes, and states that workforce was identified as a key component, as well as recruitment, retention, and rehiring. She continues that beneficiary employment engagement was also brought up which includes maximizing the value of peer support in the role it plays within the reform of Medicaid and criminal justice. She adds that also looked at was telehealth and assistive technology and other ways to ensure that there is access to care. She states that the last key theme was supporting communities and programs to plan, implement, and sustain the continuum of care in an integrative way.

MR. WILLIAMS states that the other groups focused on the criminal justice reform efforts largely framed around Senate Bill 91 and what those reforms will do for the future in terms of positive impacts for beneficiaries. He continues to the need of not just focusing on people leaving, but what is needed to prevent them from having contact in the first place. He continues the presentation, explaining as he goes along.

MS. LOFGREN summarizes the key takeaways on Medicaid reform.

MR. WILLIAMS states that in the criminal justice work groups the conversation around housing was making sure that barriers are eliminated for accessing resources to find housing, there needs to be transitional units, long-term housing units, and units for individuals who can move on to acquiring the unit themselves and having an independent place that is safe and sober.

TRUSTEE NORENE asks if this is part of the strategic plan for housing.

MR. WILLIAMS replies yes, and states the need to use that plan for the criminal-justice-involved population, as well as those who are not involved.

MS. BALDWIN talks about the emerging issues across both of the reform discussions, going through them in greater detail.

MR. WILLIAMS highlights the items people identified after looking at all the programs that the Trust currently funds. He states that there is a 38-page document on the Trust Web site summarizing the full two days. He continues that, by and large, what the Trust is investing in is where other people think it should be invested. He continues his presentation, explaining as he goes along.

CHAIR MICHAEL comments that she got to participate in the two days and states that the participation was incredible. She continues that people came to work and were really engaged the entire time. She adds that it really helped people to be able to talk in smaller groups and really get their thoughts out. She talks about her experience and the things that came to the forefront. She states that part of the Trust role has to be the strategist.

TRUSTEE NORENE comments that it has touched on some of the things that he has been concerned about, and the key thing for the Trust is to keep that push going. He states that he is glad to see all of this valuable work.

TRUSTEE EASLEY states that she was impressed with the people that attended and the fact that they were surprised that they did not know what so many of the other agencies were doing. It was great.

CHAIR MICHAEL asks Mr. Williams to continue.

MR. WILLIAMS moves into what staff has put together for trustees as a draft the FY18-FY19 budget recommendations. He underscores "draft" because this document will not look the same in September. He states that the two-year budget starts on an even year, FY18, and the focus in developing this was on FY18. He continues that a budget for FY19 was put together because, by regulations, this has to be done. He begins explaining the document to orient the trustees.

CHAIR MICHAEL asks about the commitment to funding the new positions, on line 72, and if it was for three years.

MS. LOFGREN replies that the funding is committed for '18 and '19, and then it will be revisited. She states that these positions are in health care services to really address the health homes, the emergency care initiative, and the other reform efforts.

CHAIR MICHAEL states that it would be great to put the FY18-'19 commitment under the narrative portion.

MR. WILLIAMS continues his document description, going through the rows and explaining and answering questions as he goes along.

CHAIR MICHAEL calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order and recognizes Steve Williams.

MR. WILLIAMS states that this is the last portion of the budget that will be covered today, the advisory board requests and their capital projects. He continues that the capital requests are longstanding and the boards came forward with requests every year through the RFR process. He explains deferred maintenance, and asks Mr. Reinhart to provide any historical detail on the capital projects.

MR. REINHART states that deferred maintenance is the opportunity for the nonprofit organizations serving the beneficiaries when they have some fairly significant replacement needs, like a furnace, to be able to apply for that because they may not be able to generate funds through their own savings and other income sources. He continues that it is a very popular grant program. He moves to medical appliances and assistive technology, which did not get funded, and was not included into the capital budget by the State. He states that his recommendation is to keep it going, and we may have to go to the Trust for help. He adds this this helps people with low vision and low hearing assistance to live independently in their own homes for many years.

TRUSTEE WEBB asks how much State money has been in the assistive technology program in the past.

MR. REINHART replies that it was \$500,000 and lasted a couple of years and has basically run out of money.

CHAIR MICHAEL asks Mr. Williams if an individual could apply for assistive technology in the mini grants.

MR. WILLIAMS replies yes.

MR. REINHART states that they can, and they do.

TRUSTEE WEBB asks what the process is for someone to apply for and receive funding for assistive technology under the program within the Department.

MR. REINHART states that he has to check, but believes it was a grant given to ATLA and was a single grant function, and they are not doing individual. He adds that he will double check.

The discussion continues and then moves into transportation services and more.

MS. DANIELLO states that she is with the Commission on Aging and thanks all for the great presentation. She adds, with regard to the assistive technology from the senior perspective, that reimbursement for things like white canes for the blind, hearing aids for the deaf was checked and would not be covered under Medicare as durable medical equipment. She continues that these funds would help seniors who have those kinds of life challenges.

TRUSTEE SELBY suggests putting \$150,000 in here and letting staff do some more checking on this and discuss it further at the September meeting.

MR. JESSEE states that a motion is not needed and can be put in the draft.

TRUSTEE WEBB states that the issue is that all the available money has been basically allocated. He continues that the money will have to be found somewhere and is definitely something that should be considered.

MR. WILLIAMS states that staff could look into this if the money is allocated.

TRUSTEE WEBB states that a discussion can be had with the Commissioner's office about the likelihood of any General Fund money getting into the Department's budget in this regard for this program. He adds that it is probably highly unlikely but is worth a brief conversation just to find out. He continues that if the Trust decides to fund this it becomes a matter of what the easiest method of administering the money would be with the least cost and doing the best work.

CHAIR MICHAEL asks for any other comments.

TRUSTEE SELBY suggests, in the discussion with the Commissioner, to talk about match money.

MR. JESSEE states that the Commissioner may be here in September and that conversation could be with her directly.

CHAIR MICHAEL states that was the last item for today and asks staff to go over tomorrow's agenda.

MR. BALDWIN states that the meeting will start at 9:00 a.m. with a continuation of this budget discussion focusing on the focus areas. He goes through the rest of the agenda.

TRUSTEE DERR states that in one section of the minutes under the comprehensive mental health program update Ms. Wailand states that the comprehensive program plan is not a solo journey. She continues that it was interesting that the first presentation she had and the first

question suggests why the comprehensive plan is being done. She asks Ms. Wailand if she has had any more comments since that.

MS. WAILAND replies that Jean Findley said not to underestimate the dynamics that can be associated with the roles and responsibilities between the Department and the Trust. She states that one of the messages is that it is not just a comprehensive mental health program plan, but is planning for a comprehensive mental health program. She adds, that is being done right now and how it ties together and how to look for the gaps is the angle that is being looked at right now.

TRUSTEE DERR states that Heidi Wailand did a great job with that.

MR. JESSEE goes over a couple of things on tomorrow's agenda.

CHAIR MICHAEL asks for a motion to recess.

TRUSTEE WEBB follows up with the Anchorage Neighborhood Health.

MR. JESSEE states that Anchorage Neighborhood Health Center is having their open house from 4:00 to 6:00.

CHAIR MICHAEL states that the address is at International and C Street. She thanks all for coming.

(Planning Committee recessed at 3:50 pm.)